

**D.A.R.E. Officer Teaching
Schedule**

What percentage do you devote to D.A.R.E.?	€ 25% € 50% € 75% € 100%
When do you teach? <i>(Check all semesters that apply.)</i>	€ Fall € Mid-Year € Spring

Rank:	First Name:	Last Name:	Agency:
Agency Address:		City:	Zip:
			Today's Date:

CORE Classes This is my schedule for: <i>(Check One)</i> € Fall € Mid-Year € Spring YEAR _____											
School District	School Name	School Address	City	Zip	School County	Principal's First and Last Name	Teacher's First and Last Name	Grade <i>Circle One</i>	# of Students	Day	Time
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			
								5 6			

Note: Class Schedules for K-4, Junior High, Senior High, and the Parent Program on the reverse side.

K-4 Curriculum									
This is my schedule for: (Check One) <input type="checkbox"/> Fall <input type="checkbox"/> Mid-Year <input type="checkbox"/> Spring									
YEAR: _____									
School District	School Name	School Address	City	Zip	School County	Principal's First and Last Name	Teacher's First and Last Name	# of Students	Grade Circle One
									K 1 2 3 4
									K 1 2 3 4
									K 1 2 3 4

Junior High									
This is my schedule for: (Check One) <input type="checkbox"/> Fall <input type="checkbox"/> Mid-Year <input type="checkbox"/> Spring									
YEAR: _____									
School District	School Name	School Address	City	Zip	School County	Principal's First and Last Name	Teacher's First and Last Name	# of Students	Grade Circle One
									7 8
									7 8
									7 8

Senior High									
This is my schedule for: (Check One) <input type="checkbox"/> Fall <input type="checkbox"/> Mid-Year <input type="checkbox"/> Spring									
YEAR: _____									
School District	School Name	School Address	City	Zip	School County	Principal's First and Last Name	Teacher's First and Last Name	# of Students	Grade Circle One
									9 10
									9 10

Parent Program						
Date of Program _____						YEAR: _____
School District	School Name	School Address	City	Zip	School County	Number of Participants